NHS
Wiltshire
Clinical Commissioning Group

Quality & Clinical Governance Committee
Meeting minutes 4 March 2014
Southgate House, Devizes

Present:		
Dr Mark Smithies	MS	Deputy Chairman and Secondary Care Doctor
Jacqui Chidgey-Clark	JCC	Director of Quality & Patient Safety, NHS Wiltshire CCG
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Deborah Rigby	DR	Deputy Director of Quality & Patient Safety, NHS Wiltshire CCG
Dina Lewis	DL	Associate Director of Quality (Continuing Healthcare, and Specialist Placements), NHS Wiltshire CCG
Karen Littlewood	KL	Associate Director for Quality (Safeguarding Children and Adults), NHS Wiltshire CCG
In Attendance:		
Dawn Griffiths	DG	Senior Clinical Lead, NHS Wiltshire CCG
Dr Peter Jenkins	PJ	Medical Advisor, NHS Wiltshire CCG
Sue Odams	SO	Public Health Consultant, Wiltshire Council
Dr Fiona Finlay	FF	Designed Doctor, Safeguarding Children, Wiltshire CCG
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG
Bianca McClounan	BM	Quality Support Manager, Wiltshire CCG
Joanne Clarke	JC	Clinical Governance Pharmacist, Medicines Management, NHS Wiltshire CCG
Dr Debbie Beale	DB	GP Vice Chair, WWYKD, NHS Wiltshire CCG
Apologies:		
Mary Monnington	MM	Chair, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG
Isabelle Tucker	IT	Public Health Nurse, IP & C Lead, Public Health at Wiltshire Council
Lynn Franklin	LF	Adult Safeguarding Lead, NHS Wiltshire CCG
James Dunne	JD	Deputy Designated Nurse, Safeguarding Children
Paul Borelli	PB	GP
Louise French	LFr	Quality & Patient Safety Manager, NHS Wiltshire CCG
Nadine Fox	NF	Head of Medicines Optimisation, NHS Wiltshire CCG

Item		Action
1	**Provider Presentation** Hilary Walker was unable to attend this meeting and sent her apologies.	
2	**Minutes of the last Meeting, 21 January 2014 and Matters Arising** Section 4.3 should read CR rather than CM Section 8.2 CR requested clarity on the minutes and that this section will be	

	rewritten prior to publication. KL asked for an addition to the minutes regarding the discussion surrounding MASH. The minutes were accepted.	
3	**Action Tracker** Actions 2, 35 & 36 were completed and removed	

35	7, Serious Incidents requiring Investigation	DR agreed to triangulate the pressure ulcer data with the National Safety Thermometer and National Reporting and Learning System to compare incidence rate by trust.	Presented at the meeting
36	7 Serious, Incidents requiring Investigation	LFr to present a paper to the next in March with an update	Presented at the meeting
2	5, Safeguarding Adults	Review arrangements for identifying L/D care managers	This item is ongoing and is part of the Winterbourne View Concordat it is being worked on in partnership with Wiltshire Council.

4.	**Terms of Reference** 4.1 Addition of 'with relevant responsibilities' into section 2. 4.2 Amendments to the membership and their titles will be made and the document updated and sent round for comment before the next meeting. 4.3 Approval of the changes will be on the next agenda.	DA DA DA
5	**Serious Incidents Requiring Investigation (SIRI) Report** DR presented this paper of serious incidents that occurred for the period December 2013 and January 2014 5.1 There were twenty six new Serious Incidents reported, where Wiltshire CCG are the lead or associate commissioner. DR was cautious about the number of incidents reported at the RUH because this shows the total number, not just the number of Wiltshire patients. There needs to be equity of reporting between acute providers to ensure benchmarking; for example all incidents reported within the time frame. We need to ensure that the information supplied in the report, compares like for like information. 5.2 There were no 'Never Events' in the timeframe, however, a Never Event was reported on the 17 February 2014 from one provider. The reporting of this incident shows that a pattern of 'Never Events' is emerging and would indicate a potential risk to patient safety. The provider has been asked to give assurance that the Trust has systems in place to learn from previous serious incidents and specifically from Never Events JCC gave an update on the Intelligence Sharing events on the 24 February relating to the Never Events, action plans will be monitored through the	

	CQRM's & contract meetings, and an additional quality assurance visit has been planned for the end of April 2014. 5.3 DR reported Wiltshire CCG had two legacy incidents from 2012/13, both were related to children. The cases were closed on 13th December 2013 by the CCG as the final reports had been published and are in the public domain. The closure of these cases, now closes the Wiltshire PCTs 2012/13 STEIS database. 5.4 For the purposes of this report we looked in greater detail at the reported pressure sores from a number of providers. The Patient Safety Thermometer provides a "snapshot in time" of a variety of pieces of information in terms of safe care. One of these items is reported pressure sores. It is important to distinguish grade 3 and 4 pressure sores from grade 2s as the former are reportable as SIRIs on the STIES system. These comparisons, although useful, raised further questions. It is proposed that the Senior Quality Lead for the CSU and the CCG AD for Quality look to undertaking a "deep dive" into the reports to gain a further sense of the qualitative aspects of pressure sore reports. 5.5 RUH have asked NHS Wiltshire CCG to support a rapid spread improvement project exercise on pressure ulcers.	
6	**Patient Experience** PK apologised that there was no report available to present. 6.1 PK stated that he had hoped to bring an expanded suite of reports, but that benchmarking comparison information had not been available. PK gave assurance that a fuller quality report will be brought to the May 2014 meeting. The report will contain a particular focus on patient experience in the form of provider breakdowns and analysis of complaints and PALs. The intention is that this report will provide greater comparison and benchmarking as has been discussed at and requested by previous meetings of this committee. Including triangulation with the staff survey and the providers survey in the quality report. PK confirmed the CSU need to ensure that the information they provide to the Quality and Clinical Governance meeting is relevant to the CCG to enable the committee to have a clear picture of patient experience. PK confirmed he would provide a draft paper to the CCG by the 31 March 2014. MS was concerned that failure to report leaves the CCG potentially vulnerable and unable to assure our Governing Body of the quality of our providers. PK gave his personal assurance that the information will be provided by the next meeting. 6.2 DR circulated guidance on the Nursing Times Speak out Safely Campaign – this campaign was launched in Oct 2013. The committee discussed whether the CCG should join the campaign. MS said that all healthcare providers have a duty of candor and there is a mechanism both within our professional registration and provider contracts to support this.	DA PK

	The committee agreed with the sentiments of the document. MS recommended that whilst we sign up to the ethos we do not wish to take part as this is a commercial campaign. This was agreed by the committee.	
7	**Infection Control** SO gave the report as IT was unable to attend. The Committee is asked to note this report and its' recommendations. The main points were: • Wiltshire CCG, like many NHS organisations has a zero nationally set target for MRSA bacteremia. To date there are three MRSA bacteremia attributable to Wiltshire CCG; • Wiltshire CCG has a nationally set target of 127 C. difficile cases. Up to the end of December a total of 106 cases have been attributable to the CCG. . DR gave a brief summary of the clinical history of the 3 MRSA bacteremia cases. KL commented that It was useful to hear the MRSA cases in context and that this showed that they were sporadic cases. SO gave an update on a Noro virus and retrovirus tool kit for acute trusts and Public health suggests considering this for a community setting. DR confirmed 2 nurses have been appointed by NHS Wiltshire CCG and they will consider the toolkit. SO concluded, recommendations of the report were: • To investigate further the suggestion that discharge summaries do not consistently include the infection status of individual patients • To consider the usefulness of the Carbapenemase-producing Enterobacteriaceae toolkit within the community setting.	
8	**Quality Report** PK presented this report and raised highlights: 8.1 This was an interim quality report in the form of a briefing to the committee on "Highlights and hotspots". 8.2 The second release of the Hospital Intelligent Monitoring data sets were sent to NHS Acute providers on 17 February 2014 by the Care Quality Commission (CQC). At this stage they are confidential and are subject to factual accuracy checks before being released to the public. GWH shared their preliminary information with us in that they reported that they were banded at 6, which represents the cohort carrying the lowest risk from the information and indicators the CQC had examined. The two items that were standing out from normal were i. whistleblowing and ii. the mortality indicator on Gastro-intestinal and heptology. 8.3 There were concerns about the number of falls resulting in fracture and	

	serious harm to patients at GWH There have been 18 acute patients with a similar profile in this category. DR said that GWH were doing a 'deep dive' on falls. JCC recently met with Hilary Walker and discussed their falls management 8.4 The HSMR information for SFT has been raised by Public Health as being proportionately high and will be monitored more closely by the CSU and Public Health. 8.5 The quality visit to Winterslow Ward at SFT, did not take place because of an outbreak of norovirus and will be re-scheduled.	
9	**CQUINs** PK explained that there was no report available to present at this time. PK assured the committee that this will definitely be in the next patient experience report and this will be considered as part of the quality suite.	PK
10	**Homicide Report** The report was given by DR & PJ and discussed the learning from incidents where the patients are under the care of mental health services when they commit homicides. 10.1 Action plans have been developed by the CCG of the current Domestic Homicides to disseminate the learning. Domestic Homicide reviews have a lay chair appointed. The inquest finds out who has been at fault. 10.2 CCG's will be expected to hold the provider to account. Aligning serious case reviews and domestic homicide. Initial management investigation will be carried out by the quality lead at the CCG. 10.4 KL confirmed NHS Wiltshire are working as part of a multi-agency, holding the providers to account and making sure that they identify and fill gaps in their systems. 10.5 What assurances do we have that AWP are doing enough in this area? Independent reports are formally presented and available on the website, there is not a similar process for those not independently reported. We use AWP monthly meetings to raise the profile with our partner agencies with domestic homicides. We need to use KL's experience and will continue to help.	
11	**AWP Update** 11.1 At the last meeting the committee highlighted the number of SIRI's with AWP. Since April NHS Wiltshire CCG have inherited the responsibility to close the Wiltshire patients. AWP has had over 94 incidents relating to patients and 35 of those relate to Wiltshire patients. 27 of those are due for closure. The current position is that we have received papers from AWP that are reviewed with a view to	

	closure. Many measures are being put in place, following a joint meeting last October. The first outcome was that they agreed to provide 3 document summaries. In February they agreed to share the root cause analysis (RCA) with us (although this is yet to start). We are satisfied that they have a robust framework, but we still want to see the full RCA's. 11.2 JCC said a risk summit was held for AWP (Lindsay Scott DON for Bristol CCG at the time) that highlighted a lack of sign off from STEIS (Strategic Executive Information System), as well as a lack of holding to account by the CCG's. NHS Wiltshire CCG recognise that changes of staff and responsibility, left a historic loop and we are now trying to get our own assurance, despite not being the lead commissioners. 11.3 NHS Wiltshire have jointly raised a performance notice with other providers, against AWP. 11.4 The trends, themes and the learning will be a significance piece of work. 11.5 An update will be brought to the next meeting.	LFr
12	**Medicines Management** The paper distributed covered the governance of prescribing in GP practices and within our own Medicines management team. 12.1 The team uses the 'databank; database system. NHS Wiltshire are the first CCG to use this system. It is used mostly for queries from GP's. Prescription clerks have been trained, so that they are also able to make use of the information. 12.2 It was queried whether the databank could be used to monitor incidents for our quality premium from our Providers, but the system is not set up to record that information.	
13	**Directorate Risk Register** 13.1 The department risk register is reviewed by JCC and included in the organisational register that is taken to the Governing Body. 13.2 Q13/013 should show as closed. 13.3 Q13/001 This risk regarding CHC funding may be altered when new NHS ruling comes into place. The CCG is awaiting clarification. 13.4 Q 13/007 will be reviewed. 117 group is now running and will be reviewing the risks to the CCG. 13.5 Q 13/013 this risk is now closed. 13.6 Q 13/015 Southern Health have given notice to the CCG. We are no longer able to admit to Postern House, the discharge of the 2 individuals left, are being sought. NHS Wiltshire is currently engaging with AWP on a new pathway. The notice period gives the CCG until Jan 29th 2015 for the	

	Psychology & Psychiatry service. If we are satisfied with AWP we will hopefully go with them (awaiting costing's) and this would be managed by a contract review. This will then go forward to Clinical Executive Committee for approval. 13.7 Q 13/018 is closed. Re-aggregation of the forensic social workers will be taking place. 13.8 Q 13/020 is closed 13.9 Q 13/021 is closed 13.10 Q13/022 is now closed, JCC has received assurance from Douglas Blair that we will not continue to be under pressure from NHS England.	
14	**Clinical Policies NICE Policy** DR asked that this policy be considered for ratification by the committee. The policy sets out the CCG's approach to considering and implementing NICE guidance. It confirms that NHS Wiltshire CCG will implement NICE technology appraisals in line with the Secretary of State's Directions. It also confirms that CCG will consider the recommendations in NICE Clinical Guidelines and Public Health Guidelines as part of its on-going work to improve the quality of care and health outcomes for the population of Wiltshire. It acknowledges that NHS commissioners are entitled to make commissioning policy decisions which do not follow NICE's recommendations (other than NICE Technology Appraisals) if they have a good reason to do so. The availability of resources and competing priorities can be good reasons. The policy also identifies an implementation process for new interventional procedures, diagnostic and medical technologies, ensuring that they are introduced only following a positive had been discussed at the CCG clinical advisory group meeting policy on the use of NICE guidance. SL asked that this paper be reviewed and comply with our CCG policy and brought back to the committee for approval.	DR
15	**Any Other Business** 15.1 NHS Wiltshire CCG is running a pilot currently for Personal Health Budgets (PHB's). Documentation had been distributed regarding PHB's and committee members were invited to comment. The paperwork had been designed to lead people working through the process. The system of PHB's starts from 2nd October, although people can start requesting its' use from 1st April. One PHB has been commenced with an existing CHC patient. All CHC patients as well as individuals with long term conditions will have the right to request a PHB SL will assist with the policy writing to ensure that it meets governance requirements . It was agreed that the draft paperwork should begin to be used and any learning from this practical implementation, can then be used to improve the process.	DG/SL

	15.2 The team are developing a patient information leaflet and planning training events and awareness building sessions regarding Personal Health Budgets. All lay members will be invited to attend the training. A status document and privacy impact assessment will be presented to the committee before the 2nd Oct.	DG DG
	Date of Next Meeting: 6th May 2014, at Southgate House, Devizes.	
	Papers deadline 24th April 2014	